

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000007382**

1. Entity Name

CARDIOSTART INTERNATIONAL, INCORPORATED

Principal Place of Business

1722 CARDINAL DR
CLEARWATER FL 34619

Mailing Address

512 WHITE OAK AVENUE
BRANDON FL 33510
US

2. Principal Place of Business

512 White Oak Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Brandon, FL

City & State

Zip

33510 Hillsborough

Country

4. FEI Number

43-1791079

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MULHERN, CHARLES H.A.
512 WHITE OAK AVE
BRANDON FL 33510

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDC
MARATH, AUBYN
1722 CARDINAL DRIVE
CLEARWATER FL 33759 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
TAYLOR, PATRICIA L
1722 CARDINAL DRIVE
CLEARWATER FL-33759 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
COLLINS, VIRGINIA
4008 SAN NICHOLAS
TAMPA FL 33629 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MULHERN, CHARLES
512 WHITE OAK AVENUE
BRANDON FL 33510 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90032 025 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)